

health. Last weekend, the family of a New York City emergency room doctor released some devastating news. Dr. Lorna Breen had been in the trenches battling this virus for weeks. She was working long hours, as many of our healthcare providers are, and told her family about the devastation that she was seeing every day.

She contracted COVID-19 and took a week and a half off to recover, but then she went back to work, eager to help where she could. Shortly after, Dr. Breen's family intervened and brought her home to Charlottesville, VA, to rest and to spend a little time with her family and for R&R.

Sadly, tragically, the struggles Dr. Breen was facing felt untenable. After overcoming COVID-19, she ultimately took her own life by suicide.

Dr. Breen was a hero who devoted her entire life to caring for others, to putting others before herself. While her tragic death cannot be reversed, it should serve as a warning signal about the broader impact of this virus.

In a recent poll by the Kaiser Family Foundation, nearly half of Americans reported that coronavirus is having a negative impact on their mental health—one-half. That is up from one-third in March. The number of texts to the Federal Disaster Distress Helpline skyrocketed in April—more than a 1,000-percent increase.

As we continue to discuss what future coronavirus legislation could look like, we cannot ignore the mental health impact. Nationwide, we rely on the community mental health centers and community behavioral health organizations to support those battling mental health and substance abuse disorders. As the need for these services has increased, resources have actually decreased. More than 90 percent of the community behavioral health organizations nationwide have been forced to reduce their operations—reduce their operations at a time of increased need and demand—and more than 60 percent of behavioral health organizations project they can't survive financially for more than 3 months under the current COVID-19 conditions.

Congress tried to do something to help. We provided \$175 billion for the Public Health and Social Services Emergency Fund to support healthcare providers on the frontlines of this crisis. As this funding is being distributed, mental health providers cannot be forgotten.

Along with 24 of our colleagues, Senator STABENOW and I have sent a letter to Secretary Azar and Administrator Verma, urging them to quickly allocate this funding and ensure that these mental health organizations are included. Not only do they provide vital care and support for individuals struggling with mental health issues; they also are key to fighting addiction and substance abuse.

Those struggling to overcome addiction are often living in a fragile state, fighting each day to stay the course,

but the current circumstances have made those daily battles much more difficult. They are isolated from their friends and loved ones, and they are dealing with the anxiety caused by the virus and possibly—probably—facing financial struggles.

The new stressors brought on by this virus are compounded by reduced capacity for treatment. In-person support meetings are canceled, treatment clinics and counselors are curtailing appointments, and the barriers to overcoming addiction loom even larger. For those individuals, treatment cannot simply be delayed.

Our country has made serious inroads in our battle against the opioid epidemic. In 2018, overdose deaths were down 4 percent from the previous year, the first decrease in nearly three decades. We can't let the coronavirus derail the progress we have fought so hard to make.

The CARES Act—I am glad to say—does expand access to telehealth. I think many Americans are experiencing the benefits of telehealth, and I predict at some point this will change a lot of the ways that we receive consultation by healthcare providers: not having to drive our car and make appointments, pay for parking, spend a lot of time out of our day. We can simply do it through video conference, conveniently and effectively. But more must be done to support those battling addiction and mental health challenges.

For those who are transitioning from the criminal justice system, the need for additional resources and support is especially dire. Earlier this year, Senator BLUMENTHAL and I introduced the Crisis Stabilization and Community Reentry Act to support those who have been a part of the criminal justice system and to provide stable treatment for those with mental illness.

Most prisoners who are receiving treatment for a mental health or a substance use disorder are released without a plan to keep them on their regimen. This often leads to higher recidivism rates, unsurprisingly, which could be avoided. It also means that law enforcement is, all too often, left to be the first responders for those suffering a mental health crisis, which can escalate those confrontations and put both the officer and the individual in that crisis at risk.

This bill creates grants to connect law enforcement, State and local, and community resources to help individuals who are either engaged in the criminal justice system or have been released from prison and makes it possible for them to access the resources they need to have a successful reentry into civilized society. These grants connect those services to make sure that people suffering from an acute episode can access treatment without the risk of being reincarcerated.

We are facing a battle unlike any we have seen in my lifetime, and the stress and the anxiety that come with

it are taking a tremendous toll on the American people. It is not just the virus and the threat of catching the virus that are taking the toll. We need to look at this holistically and realize, if you are a victim of domestic violence and you are forced to be confined with your abuser and have nowhere else to go and maybe have no money coming in the front door, only to have your abuser abusing alcohol and perhaps becoming even more violent—there are a whole catalog of problems associated with this virus and the virus itself, the risk of infection being just one, and we need to look at this holistically.

As our discussions continue this week on how to support the American people during this unprecedented time, resources for mental health and substance abuse treatment providers cannot fall by the wayside.

(Mr. CRUZ assumed the Chair.)

## RECESS

Mr. CORNYN. Mr. President, I ask unanimous consent that the Senate stand in recess until 2:15 p.m. today.

Thereupon, the Senate, at 12:18 p.m., recessed until 2:17 p.m. and reassembled when called to order by the Presiding Officer (Mrs. CAPITO).

## EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER. The Democratic leader.

### UNANIMOUS CONSENT REQUEST

Mr. SCHUMER. Madam President, over the past few months, both parties have worked together to provide historic levels of funding to help small businesses retain employees, meet payroll, and stay afloat during the COVID-19 pandemic. The Paycheck Protection Program—the main instrument to help small businesses—received \$349 billion under the CARES Act and another \$310 billion in supplemental legislation.

The public has a right to know how this money is being spent. Oversight, transparency, and accountability are crucial because from the moment the administration began implementing these funds, it became clear that much of it wasn't going to those who needed it most.

Today, we are not taking any other action on the floor dealing with COVID. We thought we would take this opportunity to ask unanimous consent to get something real done that should have bipartisan support on both sides of the aisle. Who can be against transparency? Who can be against accountability? Who cannot want to know where close to \$700 billion of the taxpayers' money is going? Is it going to the right places?

Unfortunately, today at least 200 publicly traded companies have managed to secure PPP loans, and most of those are not very small, including some companies whose owners are large contributors to President Trump. Truly small businesses, however—the